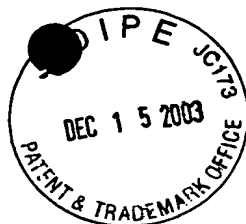


TELEPHONE (312) 258-5500



SCHIFF HARDIN & WAITE

PATENT DEPARTMENT
6600 SEARS TOWER
233 SOUTH WACKER DRIVE
CHICAGO, ILLINOIS 60606

3622
\$

In re application of: Martin A. Kenner et al.

Confirmation No.: 4517

Serial No.: 09/821,191

GROUP ART UNIT: 3622

Filed: March 29, 2001

EXAMINER: John L. Young

For: PAYMENT BASED CONTENT RECIPIENT ACCESS TO SOFTWARE NOTES POSTED
AT CONTENT PROVIDER SITE

RESPONSE TO SEPTEMBER 15, 2003 OFFICE ACTION

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450
SIR:

Transmitted herewith is an amendment in the above-identified application.

☐ No additional fee is required.

The fee has been calculated as shown below.

RECEIVED
DEC 22 2003
GROUP 3600

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	(6) RATE	(7) ADDITIONAL FEE
TOTAL CLAIMS	*80	MINUS	**68	X 12	() X 9.00 (X) X 18.00	\$216.00
INDEP. CLAIMS	* 3	MINUS	3	X	() X 42.00 () X 84.00	\$0.00
Application amended to contain any multiple dependent claims not previously paid for.				() YES () NO	() \$135.00 () \$270.00 ONE TIME	\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$216.00	

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20 write "20" in this space.

☐ Applicants petition the Commissioner of Patents and Trademarks to extend this time for response to the Office Action dated ____ for ____ months so that the period for response is extended to _____. A check in the amount of \$_____ is attached to cover the cost of the extension. Any deficiency or overpayment should be charged or credited to deposit account No. 501519. A duplicate copy of this sheet is enclosed.

☒ A check in the amount of \$ 216.00 is attached. (12 additional dependent claims)

☐ A check for \$ _____ accompanying IDS under 37 CFR 1.97(c) is attached

☐ A check for \$ _____ and Petition for Consideration of IDS under 37 CFR 1.97(d) is attached.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or to credit any overpayment to account No. 501519. A duplicate of this sheet is enclosed.

When phoning re this application, please call (312) 258-5774.

SCHIFF HARDIN & WAITE (Customer Number: 26574)

Patent Department

BY Trevor B. Joike (25,542)

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on December 11, 2003.

Trevor B. Joike

NAME OF APPLICANT'S ATTORNEY

SIGNATURE

December 11, 2003

DATE